



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

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BARBARA SABAUGH
MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

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Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

This Statement covers From: 1/1/04 to 12/31/04
Mo Day Year Mo Day Year

1. Committee I.D. Number

00136804

2. Committee Name

CTE Denise Williams

4. Candidate Last Name

First Name

M.I.

Williams Denise L.

4a. Office Sought Including District # or Community Served (If applicable)

N/A

4b. County of Residence

Macomb

5. Committee's Mailing Address

29410 Grandview
Harrison Twp, MI
Area Code and Phone 586-463-6044

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Same as above

Area Code & Phone ()

7. Treasurer's Business Address

N/A

Area Code and Phone ()

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ()

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

Month Day Year

9c. ☒ Annual Statement (2004 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Denise Williams

Denise Williams

Date

1/30/04

Candidate

Type or Print Name

Signature

Date

Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____

2. Committee Name _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	_____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	_____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	_____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	_____	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	_____	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	0	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	0	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	0	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	0 *	